

Incident	Agency: <b>NYPD</b>		New York State <b>DOMESTIC INCIDENT REPORT</b>				Incident #
	Reported Date <input type="text"/> 08/2022	Time (24 hours) <input type="text"/> 1831	Occurred Date <input type="text"/> 08/2022	Time (24 hours) <input type="text"/> 1041	<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> 911 CAD (NYC)	<input type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in	Complaint # <b>10339</b>
Suspect (P2)	Address (Street No., Street Name, Bldg. No., Apt No.) <b>3rd Avenue Apt.</b>		City, State, Zip <b>Brooklyn NY 10025</b>				
Victim Interview	Name (Last, First, M.I.) (Include Aliases) <b>Ulmer Lowell</b>		DOB <input type="text"/> 08/12/91	Age: <b>30</b>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:		
Suspect	Suspect Phone Number <b>4138877118</b>		Language:				
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	<input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Other Identifier:
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative Other: <b>Ex-Boyfriend</b>							
Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other: <b>Indifferent</b>							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <b>He forced my love.</b>							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest): <b>Not on scene</b>							
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Briefly describe the circumstances of this incident: <b>PL states P2 did join her Instagram live with intent to harass, abuse and alarm her. PL states P2 stated watch out when you leave. No recording of the Instagram live available. No BWC available. P2's Instagram is "JamilDavis". No Domestic relationship stated.</b>							
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away			
Evidence	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other:		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: <b>-</b>		Offense 1 <b>-</b>	Law (e.g. PL)	Offense 2 <b>-</b>	Law (e.g. PL) <b>-</b>
VICTIM / COMPLAINANT COPY			NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906			3221-02/2020 DCJS Copyright © 2020 by NYS DCJS	

Agency <b>NYPD</b>	<b>B</b>	Incident #	Complaint #
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):      			
<b>Prior History</b> If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: (      ) _____.			
Has Suspect ever: Threatened to kill you or your children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is suspect capable of killing you or children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is suspect violently and constantly jealous of you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If NO, Why:  <i>R. R. 10035 - 11905425</i>		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:  <i>✓</i>	
<b>Signatures:</b> Reporting Officer (Print and Sign include Rank and ID#) <i>R. R. 10035 - 11905425</i>			
Supervisor (Print and Sign include Rank and ID#)			
<b>STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION</b>			
* Officers are encouraged to assist the Victim in completing this section of the form.			
<b>Suspect Name</b> (Last, First, M.I.) <i>Loren Vlmer</i>			
I [REDACTED] (Victim/Deponent Name) state that on <u>4/18/2022</u> , (Date) at [REDACTED] <u>3rd Ave, New York NY</u> , (Location of incident) in the County/City/Town/Village <u>New York</u>			
10035 of the State of New York, the following did occur: <i>I was on live and was being bullied and harassed and told lies on to over 100 people at 10:30 am to Davis god on my live and was saying he would be watching my every move and was warning me of going outside He was saying I needed to give him a watch I told him I didn't have and he told me that he was gonna get back for the girl and gang. He told everybody that I steal one am gonna violent to go back outside and that I rob people.</i>			
(Use additional page as needed)			
<b>False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.</b>			
Victim/Deponent Signature <i>(D) Woods</i>	Date <i>4/8/22</i>	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page _____ Of _____
Witness or Officer Signature	Date		
Interpreter Signature and Interpreter Service Provider Name	Date		
Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		
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